

Nursing Home Quality Measures Workgroup Discussion Items

Proposal A Note: Recommended by one organization.	
Quality Measures: Low Risk Incontinence Depressed Mood Mobility Decline	Items for Discussion: <ol style="list-style-type: none">1. How would these items be measured?2. Are these conditions currently tracked and reported? If so, to whom. If not, who would they be reported too?3. What are acceptable and unacceptable levels for each item?

Proposal B

Note: Recommended by four organizations.

Quality Measures:

(A) At the time of application, the applicant and all nursing homes/HLTCU under common ownership or control in Michigan and/or in other states shall provide a report demonstrating that it does not meet the following conditions. For chain organizations, the applicant shall provide a report demonstrating that it does not meet the following conditions in more than one of its nursing homes/HLTCU if it is a chain organization with 10 or less nursing homes/HLTCU or 14% or more of its nursing homes/HLTCU if it is a chain organization with more than 10 nursing homes/HLTCU:

- I. A state enforcement action resulting in a license revocation, reduced license capacity, or receivership within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the date of application.
- II. A filing for bankruptcy within the last three years, or from the change of ownership date if the facility has come under common ownership or control within 24 months of the application.
- III. Termination of a medical assistance provider agreement initiated by the Department or licensing and certification agency in another state, within the last three years, or from the change of ownership or control within 24 months of the date of the application.
- IV. Current listing as a Special Focus Facility in Michigan or any other state along with poor resident satisfaction survey outcomes.

(To meet the above condition, a facility designated as a Special Focus Facility must also demonstrate poor resident satisfaction survey outcomes (with rankings of good or excellent in overall satisfaction at a level to be determined by a workgroup) using an external process and specified nationally recognized tool for the past 12 months.)

- V. Outstanding debt obligation to the state of Michigan for quality assurance assessment program or civil monetary penalties.

Items for Discussion:

1. How would these items be measured?
2. Define specific criteria for the resident satisfaction surveys.
3. What are acceptable and unacceptable levels?

Proposal C

Note: Recommended by one organization.

Quality Measures:

- I. A state enforcement action resulting in a license revocation, reduced license capacity, or receivership.
- II. A filing for bankruptcy.
- III. Termination of a medical assistance provider agreement initiated by the Department or licensing and certification agency in another state.
- IV. Listing as a Special Focus Facility in Michigan or any other state.
- V. Poor consumer satisfaction survey outcomes using a specified nationally recognized survey tool.
- VI. Poor employee satisfaction survey outcomes using a specified nationally recognized survey tool.
- VII. Outstanding debt obligation to the state of Michigan for quality assurance assessment program or civil monetary penalties.

Items for Discussion:

- 1. How would these items be measured?
- 2. Define specific criteria for the resident satisfaction survey.
- 3. Define specific criteria for the employee satisfaction survey.
- 4. What are acceptable and unacceptable levels for each survey?
- 5. During what time frames?